

F-1 Optional Practical Training Request Form

Part I (To be completed by Student)

Name: _____ SEVIS # : _____

VIU ID # : _____

E-mail Address: _____ Tel. #: _____

Program: MBA MIS BBA BSc Buss. Diploma Comp. Diploma

Major: _____

Expected Date of Completion of Study: ____ / ____ / ____ (mm/dd/yyyy)

I am requesting the following dates for OPT and understand that these dates cannot be changed once the OPT application has been submitted to USCIS.

OPT Start Date: ____ / ____ / ____ (mm/dd/yyyy)

OPT End Date: ____ / ____ / ____ (mm/dd/yyyy)

Please describe the type of employment you will be seeking. (The prospective employment must be directly related to your field of study)

Student's signature

Date

Part II (To be completed by Student's Academic Advisor)

Immigration regulations require that Optical Practical Training be used by students for employment related to the student's field of study. Please return the completed form to the student.

Program: MBA MIS BBA BSc Buss. Diploma Comp. Diploma

Overall GPA: _____

Will this student be expected to complete/graduate from his/her studies at the end of the current semester?

() Yes () No

Department Chair

Date